

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?: No

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR
TREATING LYMPHOMA

Attorney Docket Number:: 480208.401C2

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

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|---|-----------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Andreas |
| Middle Name:: | H. |
| Family Name:: | Sarris |
| Name Suffix:: | |
| City of Residence:: | Houston |
| State or Province of Residence:: | TX |
| Country of Residence:: | US |
| Street of mailing address:: | 7200 Alameda Road, Apt. 715 |
| City of mailing address:: | Houston |
| State or Province of mailing address:: | TX |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 77054 |

Second Applicant Information

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|----------------------------------|-------------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Fernando |
| Middle Name:: | |
| Family Name:: | Cabanillas |
| Name Suffix:: | |
| City of Residence:: | Houston |
| State or Province of Residence:: | TX |
| Country of Residence:: | US |
| Street of mailing address:: | Box 68, 2316 Shakespeare Road |

City of mailing address:: Houston
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 77030

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Patricia
Middle Name:: M.
Family Name:: Logan
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 462 Aubrey Place
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V5V 2T6

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Clive
Middle Name:: T. R.
Family Name:: Burge

Name Suffix::
City of Residence:: Brentwood Bay
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 917 Damelart Way
City of mailing address:: Brentwood Bay
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V8M 1C2

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: James
Middle Name:: H.
Family Name:: Goldie
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 2558 West 7th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6K 1Y9

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Murray
Middle Name:: S.
Family Name:: Webb
Name Suffix::
City of Residence:: Delta
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 8467 Sunset Drive
City of mailing address:: Delta
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V4C 3Y5

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

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| Representative Customer Number:: | | 00500 |
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Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Continuation-in-part of | 09/541,436 | 03/31/00 |
| 09/541,436 | An application claiming the benefit under 35 USC 119(e) | 60/137,194 | 06/02/99 |
| 09/541,436 | An application claiming the benefit under 35 USC 119(e) | 60/127,444 | 04/01/99 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

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|---|--|
| Assignee name:: | Board of Regents, The University of Texas System |
| Street of mailing address:: | 201 West 7 th Street |
| City of mailing address:: | Austin |
| State or Province of mailing address:: | TX |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 78701 |

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|---|--|
| Assignee name:: | Inex Pharmaceuticals Corporation |
| Street of mailing address:: | 100-8900 Glenlyon Parkway, Glenlyon Business Park |
| City of mailing address:: | Burnaby |
| State or Province of mailing address:: | BC |
| Country of mailing address:: | Canada |
| Postal or Zip Code of mailing address:: | V6K 3S4 |

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